

1938 JAN 27 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Madaway  
Township Ashe  
City Ashe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 617  
Primary Registration District No. 4367

File No. 43943  
Registered No. 15

2. FULL NAME

Lottie May Pike Hilsenbeck Blank Smith

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED MUSBAND OF (OR) WIFE OF  
1. Clarence Hilsenbeck  
2. Frank Blank  
3. Loren Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
42 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Mo

13. NAME Daniel Melvin Pike

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Ill

15. MAIDEN NAME Mary Jane Moringo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madaway Co Mo

17. INFORMANT Mrs. Leola Gray (ADDRESS) Pickering Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE William Gudery DATE 12/10 1938

19. UNDERTAKER Price Funeral Home (ADDRESS) Maryville Mo

20. FILED 12/1 1938 Chas. D. Humbert Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1938

22. I HEREBY CERTIFY, That I attended deceased from on Dec 7 1938 to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on Dec 7 1938. Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

Streptococci on throat  
Terminal pneumonia  
Other contributory causes of importance:  
none

Date of onset  
Nov 16th  
?  
12/17

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Chas. D. Humbert M. D.  
(Signed) \_\_\_\_\_ (Address) Barre Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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